

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000189	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Recertification and State Licensure Survey. This survey was done in conjunction with the Investigation of Complaint IN00139191.</p> <p>Complaint IN00139191- Substantiated. No deficiencies related to the allegation(s) are cited.</p> <p>Survey Dates: November 6, 7, 8, 12, 13, & 14, 2013</p> <p>Facility number: 000189 Provider number: 155292 AIM number: 100267330</p> <p>Survey team: Lora Brettnacher, RN-TC Jeanna King, RN Karen Hartman, RN</p> <p>Census bed type: SNF/NF: 141 Residential: 72 Total: 213</p> <p>Census payor type: Medicare: 30 Medicaid: 76 Other: 107 Total: 213</p> <p>Residential sample: 7</p> <p>American Village was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Recertification and State Licensure Survey and in regard to the Investigation of Complaint IN00139191.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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R 000	Continued From page 1 Quality review completed 11/15/2013 by Brenda Marshall Nunan, R.N.	R 000			